

USDA CSF Surveillance Submission Form for Diagnostic Laboratories

Instructions for Filling Out Form

1. Submitting Laboratory Information:

- a. **Lab ID:** Enter the OIDS number of the diagnostic laboratory that is sending the sample.
- b. **Establishment Name:** Enter the formal name of the diagnostic laboratory that is sending the sample.

2. Testing Laboratory Information:

- a. **Laboratory ID:** Enter the OIDS number for the NAHLN lab that will be receiving the sample for CSF testing.
- b. **Laboratory Name:** Enter the formal name of the NAHLN lab that will be receiving the sample for CSF testing.

3. Page of : Enter the appropriate page number of the current page out of the number of total pages being submitted.

4. CSF Referral Number: Write in the Referral Number. The number must be a unique identifier for the submission that will not be duplicated in any other CSF surveillance submissions. The APHIS suggested format consists of 12 characters:

- The first two characters indicate the State code, e.g. CO (Colorado) or IA (Iowa),
- The next three characters are the collector's initials (First, Middle, Last) – if the collector does not have a middle name, skip the middle character,
- The next 6 characters are the collection date: MMDDYY, e.g. 103105 (October 31, 2005),
- The last character is a letter representing which submission form of the day it is for the collector, e.g. A (first), B (second), etc.

Examples:

COSAJ060104A: This submission is from Colorado, the submitter is Steven Allen Jones, the sample was collected on June 1, 2004, and it is the first submission of the day.

COSAJ060104B: This would be the CSF Referral Number for the second submission by that submitter for that day.

5. Sample information:

- a. **Sample bar code:** Place the bar code label here that corresponds to the label that is placed on the sample. A different bar code should be used for each sample, even for samples from the same animal.
- b. **Submitting laboratory accession number:** Enter the accession number used at your laboratory. The same accession number can be used for more than one sample if the samples are from the same animal.

Appendix D: Submission Forms and Instructions for Classical Swine Fever (CSF) Testing

- c. **Date collected:** Enter in the date the specimen sample(s) was collected in MM/DD/YY format.
- d. **Production site information:**
1. **National Premise ID:** Enter the national premise ID number assigned by NASS for the production site where the animal(s) sampled is from.
 2. **State, Zip:** Enter the state and zip code of the production site.
- e. **Submitting Practitioner Information:** Enter in the full name (last, first) and location of the submitting practitioner.
- f. **Reason for submission:** Circle only one of the reasons of why the sample is being submitted (key also located on the form):
1. Submission with Septicemia
 2. Submission with CNS signs
 3. Submission with Abortions
 4. General swine submission
- g. **Specimen type:** Circle only one of the types of specimens that are being submitted for testing:
1. Nasal Swab
 2. Tonsil scraping
 3. Tonsil
 4. Other specimen, please specify
6. Repeat Steps 1-5 for each sample being submitted.
- If multiple specimens from the same animal are being submitted:**
- each specimen should receive its own bar code,
 - the box to indicate the specimen is from the same animal that the previous specimen was collected should be checked, and
 - production site information and submitting practitioner information do not need to be re-entered on the form after the initial entry for that animal.
7. **Date of Samples Shipped to Testing Lab:** Enter the date this form and the sample(s) are shipped to the NAHLN testing laboratory in MM/DD/YY format.
8. **Number of Samples Shipped:** Enter the total number of samples in this shipment.
9. **Signature of Submitter:** The person filling out the form and shipping the sample(s) should sign the form.

CSF Submission Form for Diagnostic Laboratories

USDA CSF Surveillance Submission Form for Diagnostic Laboratories						Page of	
Submitting Laboratory Information			Testing Laboratory Information			CSF Referral Number:	
Laboratory ID: <u>2.16.840.1.113883.3.5.1.</u>			Laboratory ID: <u>2.16.840.1.113883.3.5.1.</u>				
Establishment Name: _____			Laboratory Name: _____				

1	Sample Bar Code	Submitting Laboratory Accession Number	Production Site Information			Reason for Submission (Circle one only)	
			National Premises ID	State	Zip	1. Septicemia 2. CNS signs 3. Abortions 4. General swine submission	
		Date Collected (mm/dd/yy)	Submitting Practitioner Information				Specimen Type (Circle one only)
			Name : <small>Last</small> <small>First</small>		State:	1. Nasal swab 2. Tonsil scraping 3. Tonsil 4. Other, specify:	
			Phone :		Zip:		

<input type="checkbox"/>	Check here if specimen is from same animal as previous sample.	Submitting Laboratory Accession Number	Production Site Information			Reason for Submission (Circle one only)	
	Sample Bar Code		National Premises ID	State	Zip	1. Septicemia 2. CNS signs 3. Abortions 4. General swine submission	
2		Date Collected (mm/dd/yy)	Submitting Practitioner Information				Specimen Type (Circle one only)
			Name : <small>Last</small> <small>First</small>		State:	1. Nasal swab 2. Tonsil scraping 3. Tonsil 4. Other, specify:	
			Phone :		Zip:		

<input type="checkbox"/>	Check here if specimen is from same animal as previous sample.	Submitting Laboratory Accession Number	Production Site Information			Reason for Submission (Circle one only)	
	Sample Bar Code		National Premises ID	State	Zip	1. Septicemia 2. CNS signs 3. Abortions 4. General swine submission	
3		Date Collected (mm/dd/yy)	Submitting Practitioner Information				Specimen Type (Circle one only)
			Name : <small>Last</small> <small>First</small>		State:	1. Nasal swab 2. Tonsil scraping 3. Tonsil 4. Other, specify:	
			Phone :		Zip:		

<input type="checkbox"/>	Check here if specimen is from same animal as previous sample.	Submitting Laboratory Accession Number	Production Site Information			Reason for Submission (Circle one only)	
	Sample Bar Code		National Premises ID	State	Zip	1. Septicemia 2. CNS signs 3. Abortions 4. General swine submission	
4		Date Collected (mm/dd/yy)	Submitting Practitioner Information				Specimen Type (Circle one only)
			Name : <small>Last</small> <small>First</small>		State:	1. Nasal swab 2. Tonsil scraping 3. Tonsil 4. Other, specify:	
			Phone :		Zip:		

Date Samples Shipped to Testing Lab: / / Number of Samples Shipped:

Signature of Submitter: _____

To be completed by testing lab only:

Date Samples Received by Testing Lab: / /

Revision 11/28/2005

Designated Laboratory, Shipping Address and Contact Information for VDLs

Location where Sampled	Designated Laboratory	Laboratory Contact
Arizona VDL	Arizona Veterinary Diagnostic Laboratory 2831 N. Freeway Tucson AZ 85705	Dr. Greg Bradley Phone: 520-621-2356 x16 Fax: 520-626-8696 Email: gabrad@ag.arizona.edu
California VDL	California Animal Health & Food Safety Laboratory University of California School of Veterinary Medicine W. Health Science Drive Davis CA 95616	Dr. Sharon Hietala, Dr. Beate Crossley Phone: 530-752-4739, 530-752-5662 Fax: 530-752-5680 Email: skhietala@ucdavis.edu , bcrossle@ucdavis.edu
Florida VDL New Jersey VDL	Kissimmee Diagnostic Laboratory Florida Department of Agriculture 2700 N. John Young Parkway Kissimmee FL 34745	Dr. Betty Miguel Phone: 321-697-1400 Direct line: 321-697-1405 Cell: 407-948-5451 Fax: 321-697-1467 Email: miguelb@doacs.state.fl.us
Georgia VDL Minnesota VDL	Athens Veterinary Diagnostic Laboratory The University of Georgia College of Veterinary Medicine Building 1079 Athens GA 30602	Dr. Doris Miller Phone: 706-542-5568 Fax: 706-542-5977 Email: miller@vet.uga.edu
Illinois VDL	Wisconsin Veterinary Diagnostic Laboratory Wisconsin Department of Agriculture 6101 Mineral Point Road Madison WI 53706	Audrey Dikkeboom Phone: 608-262-5432 Fax: 608-262-5005 Email: audrey.dikkeboom@wvdl.wisc.edu , kathy.kurth@wvdl.wisc.edu
Indiana VDL New York VDL	Animal Health Diagnostic Cornell University College of Veterinary Medicine S3 110 Schurman Hall Upper Tower Rd. Ithaca NY 14853	Dr. Alfonso Torres, Dr. Edward Dubovi Phone: 607-253-4136 Fax: 607-253-3440 Email: at97@cornell.edu , ejd5@cornell.edu

Appendix D: Submission Forms and Instructions for Classical Swine Fever (CSF) Testing

Location where Sampled	Designated Laboratory	Laboratory Contact
Iowa VDL	Iowa State University Veterinary Diagnostic Laboratory 1600 S. 16th St. Ames IA 50011	Dr. Bruce Janke Phone: 515-294-1950 Fax: 515-294-3564 Email: bhjanke@iastate.edu
Kansas VDL North Carolina VDL	North Carolina Department of Agriculture Rollins Animal Disease Diagnostic Laboratory 2101 Blue Ridge Rd. Raleigh NC 27607	Dr. Gene Erickson Phone: 919-733-3986 Fax: 919-733-0454 Email: gene.erickson@ncmail.net
Nebraska VDL Washington VDL	Washington Animal Disease Diagnostic Laboratory Bustad Hall Room 155-N Pullman WA 99164	Diana Gregg, Sara Schlee, or Tammy Coleman Phone: 509-335-9696 Fax: 509-335-7424 Email: waddl@vetmed.wsu.edu
New Mexico VDL Oklahoma VDL Texas VDL	Texas Vet Medical Diagnostic Laboratory 1 Sippel Road Drawer 3040 College Station TX 77841	Dr. Lelve Gayle, Dr. Gayne Fearneyhough, Dr. Loyd Sneed Phone: 976-845-9000 Fax: 976-845-1794 Email: l-gayle@tvmdl.tamu.edu

CSF Surveillance Submission Form for Slaughter Establishments

Instructions for Filling Out Form

1. Establishment Information:

- a. **Plant ID:** Enter the Plant ID number as designated in the ADRS database.
- b. **Establishment Name:** Enter the formal name of the slaughter establishment.

2. Testing Laboratory Information:

- a. **Laboratory ID:** Enter the OIDS number for the NAHLN lab that will be receiving the sample for CSF testing.
- b. **Laboratory Name:** Enter the formal name of the NAHLN lab that will be receiving the sample for CSF testing.

3. Page of : Enter the appropriate page number of the current page out of the number of total pages being submitted.

4. CSF Referral Number: Write in the Referral Number. The number must be a unique identifier for the submission that will not be duplicated in any other CSF surveillance submission. The FSIS format is the following:

- The first set of characters (up to five) are the FSIS Establishment Number (Do not include preceding zeroes or following letters, e.g. 00245M is just “245”)
- The next three characters are the collector’s initials (First, Middle, Last) – if the collector does not have a middle name, skip the middle character,
- The next 6 characters are the collection date: MMDDYY, e.g. 103105 (October 31, 2005),
- The last character is a letter representing which submission form of the day it is for the collector, e.g. A (first), B (second), etc.

Example:

477CSH080404A: This submission is from FSIS Establishment 00477 and was collected by Charles Scott Henry on August 4, 2004. This is the first submission of the day.

5. Sample Information:

- a. **Sample Bar Code:** Place the bar code label here that corresponds to the label that is placed on the sample tube.
- b. **Lot ID:** Enter in the Lot ID number as established by the slaughter facility.
- c. **Retained or Condemnation Tag ID:** Enter the retained or condemnation ID number for the animal sampled.
- d. **Production Site Information:**
 1. **National Premise ID:** Enter the national premise ID number assigned by NASS for the production site where the animal(s) sampled is from.
 2. **State, Zip:** Enter the state and zip code of the production site.

Appendix D: Submission Forms and Instructions for Classical Swine Fever (CSF) Testing

- e. **Reason for Submission:** Circle the reason why the sample is being submitted:
 - 1. ₁Erysi: Submission with Erysipelas
 - 2. ₂Septi: Submission with Septicemia
 - 3. ₃Other: Other Condemnation
 - 4. ₄Random: Randomly selected
 - f. **Specimen Type:** Circle only one of the types of specimens that are being submitted for testing:
 - 1. ₁T: Tonsil
 - 2. ₂O: Other specimen, please specify
 - g. **Date Collected:** Enter in the date the specimen sample(s) was collected in MM/DD/YY format.
- 6. Date Samples Shipped to Testing Lab:** Enter the date this form and sample(s) are shipped to the NAHLN testing laboratory in MM/DD/YY format.
- 7. Number of Samples Shipped:** Enter the total number of samples in this shipment.
- 8. Signature of Submitter:** The person filling out the form and shipping the sample(s) should sign the form.

CSF Submission Forms for Slaughter Establishments

CSF Surveillance Submission Form for Slaughter Establishments									
Establishment Information				Testing Laboratory Information			Page ____ of ____		
Plant ID: _____				Laboratory ID: 2.16.840.1.113883.3.5.1.____			CSF Referral Number: _____		
Establishment Name: _____				Laboratory Name: _____					

	Sample Bar Code	Lot ID	Retained (B#####) or Condemnation Tag ID (Z#####)	Production Site Information			Reason for Submission (Circle one only) 1. Erysipelas 2. Septicemia 3. Other condemnation 4. Randomly selected	Specimen Type (Circle one only) 1. Tonsil 2. Other, please specify	Date Collected (mm/dd/yy)
				National Premises ID	State	Zip			
1							<input type="radio"/> Erysi <input type="radio"/> Septi <input type="radio"/> Other <input type="radio"/> Random	<input type="radio"/> T <input type="radio"/> O _____	
2							<input type="radio"/> Erysi <input type="radio"/> Septi <input type="radio"/> Other <input type="radio"/> Random	<input type="radio"/> T <input type="radio"/> O _____	
3							<input type="radio"/> Erysi <input type="radio"/> Septi <input type="radio"/> Other <input type="radio"/> Random	<input type="radio"/> T <input type="radio"/> O _____	
4							<input type="radio"/> Erysi <input type="radio"/> Septi <input type="radio"/> Other <input type="radio"/> Random	<input type="radio"/> T <input type="radio"/> O _____	
5							<input type="radio"/> Erysi <input type="radio"/> Septi <input type="radio"/> Other <input type="radio"/> Random	<input type="radio"/> T <input type="radio"/> O _____	

Date Samples Shipped to Testing Lab: ____/____/____ Number of Samples Shipped: _____

Signature of Submitter _____

To be completed by testing lab only:

Date Samples Received by Testing Lab: ____/____/____

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CSF Surveillance Submission Form for Slaughter Establishments									
Continuation Sheet									
CSF Referral Number: _____									
	Sample Bar Code	Lot ID	Retained (B#####) or Condemnation Tag ID (Z#####)	Production Site Information			Reason for Submission (Circle one only) 1. Erysipelas 2. Septicemia 3. Other condemnation 4. Randomly selected	Specimen Type (Circle one only) 1. Tonsil biopsy 2. Other, please specify	Date Collected (mm/dd/yy)
				National Premises ID	State	Zip			
6							<input type="radio"/> Erysi <input type="radio"/> Septi <input type="radio"/> Other <input type="radio"/> Random	<input type="radio"/> T B <input type="radio"/> O _____	
7							<input type="radio"/> Erysi <input type="radio"/> Septi <input type="radio"/> Other <input type="radio"/> Random	<input type="radio"/> T B <input type="radio"/> O _____	
8							<input type="radio"/> Erysi <input type="radio"/> Septi <input type="radio"/> Other <input type="radio"/> Random	<input type="radio"/> T B <input type="radio"/> O _____	
9							<input type="radio"/> Erysi <input type="radio"/> Septi <input type="radio"/> Other <input type="radio"/> Random	<input type="radio"/> T B <input type="radio"/> O _____	
10							<input type="radio"/> Erysi <input type="radio"/> Septi <input type="radio"/> Other <input type="radio"/> Random	<input type="radio"/> T B <input type="radio"/> O _____	
11							<input type="radio"/> Erysi <input type="radio"/> Septi <input type="radio"/> Other <input type="radio"/> Random	<input type="radio"/> T B <input type="radio"/> O _____	
12							<input type="radio"/> Erysi <input type="radio"/> Septi <input type="radio"/> Other <input type="radio"/> Random	<input type="radio"/> T B <input type="radio"/> O _____	

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Appendix D: Submission Forms and Instructions for Classical Swine Fever (CSF) Testing

Participating Slaughter Establishments

State	Plant ID	Establishment Name	City	NAHLN Lab
CA	00360 M	Clougherty Packing Co.	Vernon	CA
FL	18911 M	Mary's Ranch C/O Cabrera's Sla	Miami	FL
GA	02600 M	Lowell Packing Co., Inc.	Fitzgerald	GA
HI	06208 M	Farmers Livestock Coop.	Ewa Beach	CA
IA	00003S M	Swift Pork Company	Marshalltown	AZ
	00085O M	Excel Corporation	Ottumwa	FL
	00244 M	Tyson Foods, Inc.	Storm Lake	CA
	00244L M	Tyson Foods, Inc.	Columbus Jct.	AZ
	00244P M	Tyson Foods Inc.	Perry	CO
	00244W M	Tyson Foods, Inc.	Waterloo	LA
	00717 M	Farmland Foods Inc	Denison	CA
	01775 M	The Iowa Packing Co.	Des Moines	CA
	05804 M	John Morrell & Co.	Sioux City	CO
IL	00085B M	Excel Corporation	Beardstown	WI
	00717M M	Farmland Foods, Inc.	Monmouth	WI
IN	00244I M	Tyson Foods, Inc.	Logansport	NY
	17564 M	Indiana Packers Corporation	Delphi	NY
KS	00520 M	RC Pork, Inc.	Downs	NC
MN	00003W M	Swift Pork Company	Worthington	FL
	01620 M	Quality Pork Processors, Inc.	Austin	FL
NC	00413 M	Premium Standard Farms, Inc.	Clinton	NC
	18079 M	Smithfield Packing Co. Inc.	Tar Heel	NC
NE	00199N M	Hormel Foods Corp.	Fremont	IA
	00244M M	Tyson Foods, Inc.	Madison	IA
	00717CRM	Farmland Foods, Inc.	Crete	IA
NJ	00850 M	Marathon Enterprises Inc.	Jersey City	FL
NY	04018 M	Hilltown Pork, Inc.	Canaan	NY

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State	Plant ID	Establishment Name	City	NAHLN Lab
OK	13597 M	Seaboard Farms, Inc.	Guymon	TX
TX	00403 M	Owens Country Sausage, Inc.	Richardson	TX
	13189 M	Union Slaughter House, Inc.	Del Rio	TX
	21179 M	J & J Packing Co., Inc.	Brookshire	TX
WA	01628 M	Kapowsin Meat, Packers	Graham	WA

**Designated Laboratory, Shipping Address and Contact Information
for Slaughter Establishments**

States, other than Iowa:

Location where Sampled	Designated Laboratory	Laboratory Contact
Hawaii slaughter plants	California Animal Health & Food Safety Laboratory University of California School of Veterinary Medicine W. Health Science Drive Davis CA 95616	Dr. Sharon Hietala or Dr. Beate Crossley Phone: 530-752-4739, 530-752-5662 Fax: 530-752-5680 Email: skhietala@ucdavis.edu , bcrossle@ucdavis.edu
Florida slaughter plants New Jersey slaughter plants Minnesota slaughter plants	Kissimmee Diagnostic Laboratory Florida Department of Agriculture 2700 N. John Young Parkway Kissimmee FL 34745	Dr. Betty Miguel Phone: 321-697-1400 Direct line: 321-697-1405 Cell: 407-948-5451 Fax: 321-697-1467 Email: miguelb@doacs.state.fl.us
Georgia slaughter plants	Athens Veterinary Diagnostic Laboratory The University of Georgia College of Veterinary Medicine Building 1079 Athens GA 30602	Dr. Doris Miller Phone: 706-542-5568 Fax: 706-542-5977 Email: miller@vet.uga.edu
Illinois slaughter plants	Wisconsin Veterinary Diagnostic Laboratory Wisconsin Department of Agriculture 6101 Mineral Point Road Madison WI 53706	Audrey Dikkeboom Phone: 608-262-5432 Fax: 608-262-5005 Email: audrey.dikkeboom@wvdl.wisc.edu , kathy.kurth@wvdl.wisc.edu
Indiana slaughter plants New York slaughter plants	Animal Health Diagnostic Center Cornell University, College of Veterinary Medicine S3 110 Schurman Hall Upper Tower Rd. Ithaca NY 14853	Dr. Alfonso Torres, Dr. Edward Dubovi Phone: 607-253-4136 Fax: 607-253-3440 Email: at97@cornell.edu , ejd5@cornell.edu
Kansas slaughter plants North Carolina slaughter plants	North Carolina Department of Agriculture Rollins Animal Disease Diagnostic Laboratory 2101 Blue Ridge Rd. Raleigh NC 27607	Dr. Gene Erickson Phone: 919-733-3986 Fax: 919-733-0454 Email: gene.erickson@ncmail.net

Appendix D: Submission Forms and Instructions for Classical Swine Fever (CSF) Testing

Location where Sampled	Designated Laboratory	Laboratory Contact
Nebraska slaughter plants	Iowa State University Veterinary Diagnostic Laboratory 1600 S. 16th St. Ames IA 50011	Dr. Bruce Janke Phone: 515-294-1950 Fax: 515-294-3564 Email: bhjanke@iastate.edu
Oklahoma slaughter plants Texas Slaughter plants	Texas Vet Medical Diagnostic Laboratory 1 Sippel Road Drawer 3040 College Station TX 77841	Dr. Lelve Gayle, Dr. Gayne Fearneyhough, Dr. Loyd Sneed Phone: 976-845-9000 Fax: 976-845-1794 Email: l-gayle@tvmidl.tamu.edu
Washington slaughter plants	Washington Animal Disease Diagnostic Laboratory Bustad Hall Room 155-N Pullman WA 99164	Diana Gregg, Sara Schlee, or Tammy Coleman Phone: 509-335-9696 Fax: 509-335-7424 Email: waddl@vetmed.wsu.edu

Iowa slaughter plants:

Location where Sampled	Designated Laboratory	Laboratory Contact
00003SM 00244LM	Arizona Veterinary Diagnostic Laboratory 2831 N. Freeway Tucson AZ 85705	Dr. Greg Bradley Phone: 520-621-2356 x16 Fax: 520-626-8696 Email: gabrad@ag.arizona.edu
00244M 00717M 01775M	California Animal Health & Food Safety Laboratory University of California School of Veterinary Medicine W. Health Science Drive Davis CA 95616	Dr. Sharon Hietala or Dr. Beate Crossley Phone: 530-752-4739, 530-752-5662 Fax: 530-752-5680 Email: skhietala@ucdavis.edu , bcrossle@ucdavis.edu
00244PM 05804M	Colorado State University Veterinary Diagnostic Laboratory College of Veterinary Medicine & Biomedical Sciences 300 West Drake Fort Collins CO 80523	Dr. Barbara Powers Phone: 970-297-1281 Fax: 970-297-0320 Email: barb.powers@colostate.edu
00244WM	Louisiana State University Veterinary Medical Diagnostic Laboratory 1909 Skip Bertman Drive Baton Rouge LA 70803	Alma Roy Phone: 225-578-9777 Fax: 225-578-9784 Email: aroy@vetmed.lsu.edu
00850M	Kissimmee Diagnostic Laboratory Florida Department of Agriculture 2700 N. John Young Parkway Kissimmee FL 34745	Dr. Betty Miguel Phone: 321-697-1400 Direct line: 321-697-1405 Cell: 407-948-5451 Fax: 321-697-1467 Email: miguelb@doacs.state.fl.us

USDA CSF Surveillance Submission Form for Wildlife Services

Instructions for Filling Out Form

- 1. Wildlife Services Information:** Enter the full name (last, first), address, city, state, and zip code of the biologist collecting and submitting the samples.
- 2. Testing Laboratory Information:**
 - a. **Laboratory ID:** Enter the OIDS number for the NAHLN lab that will be receiving the sample for CSF testing.
 - b. **Laboratory Name:** Enter the formal name of the NAHLN lab that will be receiving the sample for CSF testing.
- 3. Page of :** Enter the appropriate page number of the current page out of the number of total pages being submitted.
- 4. CSF Referral Number:** Write in the Referral Number. The number must be a unique identifier for the submission that will not be duplicated in any other CSF surveillance submissions. The APHIS suggested format consists of 12 characters:
 - The first two characters indicate the State code, e.g. CO (Colorado) or IA (Iowa),
 - The next three characters are the collector's initials (First, Middle, Last) – if the collector does not have a middle name, skip the middle character,
 - The next 6 characters are the collection date: MMDDYY, e.g. 103105 (October 31, 2005),
 - The last character is a letter representing which submission form of the day it is for the collector, e.g. A (first), B (second), etc.

Examples:

COSAJ060104A : This submission is from Colorado, the submitter is Steven Allen Jones, the sample was collected on June 1, 004, and it is the first submission of the day.
COSAJ060104B: This would be the CSF Referral Number for the second submission by that submitter for that day.

- 5. Sample information:**
 - a. **Sample bar code:** Place the bar code label here that corresponds to the label that is placed on the sample.
 - b. **Collection site:** Enter the county and state where the sample(s) was collected.
 - c. **Collection location:** Circle the location(s) that applies to the area where the animal was found:
 1. Urban
 2. Rural
 3. Captiveand enter the proximity (in miles) to:
 4. Swine farm
 5. Airport
 6. Landfill

Appendix D: Submission Forms and Instructions for Classical Swine Fever (CSF) Testing

- d. **Collection habitat:** Circle the habitat(s) that applies to the area where the animal was found:
 - 1. Open field
 - 2. Forested
 - 3. Wetland
 - 4. Other, please specify
 - e. **Feral pig type:** Circle the appropriate type of feral pig from which the sample(s) was collected:
 - 1. Free-roaming domestic pig
 - 2. Eurasian wild pig
 - 3. Wild type cross
 - 4. Javelina
 - f. **Age Class:** Circle the appropriate age group of the pig from which the sample(s) was collected:
 - 1. Juvenile (suckling pig)
 - 2. Sub-adult (any other pig not classified as a juvenile or adult)
 - 3. Adult (sow or boar of breeding age)
 - g. **Sex:** Circle the gender of the animal from which the sample(s) was collected:
 - 1. Male
 - 2. Female
 - h. **GPS location:** Enter in the GPS location from where the specimen sample(s) were collected.
 - i. **Date collected:** Enter in the date the specimen sample(s) was collected in MM/DD/YY format.
 - j. **Specimen type:** Circle only one of the types of specimens that are being submitted for testing:
 - 1. Tonsil
 - 2. Tonsil scraping
 - 3. Blood
 - 4. Other specimen, please specify (e.g. serum*)
- 6. Date of Samples Shipped to Testing Lab:** Enter the date this form and the sample(s) are shipped to the NAHLN testing laboratory in MM/DD/YY format.
- 7. Number of Samples Shipped:** Enter the total number of samples in this shipment.
- 8. Signature of Submitter:** The person filling out the form and shipping the sample(s) should sign the form.

* Serum samples are not currently tested for CSF at NAHLN labs. Please submit any serum samples collected to FADDL.

Appendix D: Submission Forms and Instructions for Classical Swine Fever (CSF) Testing

Designated Laboratory, Shipping Address and Contact Information for Wildlife Services

State where sampled	Designated Laboratory	Laboratory Contact
California	California Animal Health & Food Safety Laboratory University of California School of Veterinary Medicine W. Health Science Drive Davis CA 95616	Dr. Sharon Hietala or Dr. Beate Crossley Phone: 530-752-4739, 530-752-5662 Fax: 530-752-5680 Email: skhietala@ucdavis.edu , bcrossle@ucdavis.edu
Florida	Kissimmee Diagnostic Laboratory Florida Department of Agriculture 2700 N. John Young Parkway Kissimmee FL 34745	Dr. Betty Miguel Phone: 321-697-1400 Direct line: 321-697-1405 Cell: 407-948-5451 Fax: 321-697-1467 Email: miguelb@doacs.state.fl.us
Georgia South Carolina Puerto Rico	Louisiana State University Veterinary Medical Diagnostic Laboratory 1909 Skip Bertman Drive Baton Rouge LA 70803	Alma Roy Phone: 225-578-9777 Fax: 225-578-9784 Email: aroy@vetmed.lsu.edu
Hawaii New Mexico Oklahoma	Arizona Veterinary Diagnostic Laboratory 2831 N. Freeway Tucson AZ 85705	Dr. Greg Bradley Phone: 520-621-2356 x16 Fax: 520-626-8696 Email: gabrad@ag.arizona.edu
Missouri Oregon	Colorado State University Veterinary Diagnostic Laboratory College of Veterinary Medicine & Biomedical Sciences 300 West Drake Fort Collins CO 80523	Dr. Barbara Powers Phone: 970-297-1281 Fax: 970-297-0320 Email: barb.powers@colostate.edu
North Carolina	North Carolina Department of Agriculture Rollins Animal Disease Diagnostic Laboratory 2101 Blue Ridge Rd. Raleigh NC 27607	Dr. Gene Erickson Phone: 919-733-3986 Fax: 919-733-0454 Email: gene.erickson@ncmail.net
Texas	Texas Veterinary Medical Diagnostic Laboratory 1 Sippel Road Drawer 3040 College Station TX 77841	Dr. Lelve Gayle, Dr. Gayne Fearneyhough, Dr. Loyd Sneed Phone: 976-845-9000 Fax: 976-845-1794 Email: l-gayle@tvmdl.tamu.edu